



# KENSINGTON TRAIL RIDERS MEMBERSHIP FORM

Membership year January 1 – December 31

Year: \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_

Single \$15/yr \_\_\_\_\_ Family \$25/yr \_\_\_\_\_ Business \$50/yr \_\_\_\_\_

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## **Business Membership:**

Business Name: \_\_\_\_\_

Business Website: \_\_\_\_\_

**Business members:** Please send a photo of your business card for our website and you may advertise on our Facebook page.

I would be interested in helping with the following: Board Member: \_\_\_\_\_ Events: \_\_\_\_\_

Option KTR Donation:

\$50 \_\_\_\_\_ \$40 \_\_\_\_\_ \$30 \_\_\_\_\_ \$20 \_\_\_\_\_ \$10 \_\_\_\_\_ Other: \$ \_\_\_\_\_

Please make checks payable to:

Kensington Trail Riders  
P.O. Box 534  
Milford, MI 48381

Please provide your bridle tag number(s): \_\_\_\_\_

I hereby release Kensington Trail Riders and its officers and directors of any and all liabilities for personal loss/injury, and/or property loss/damage of any kind. I accept all responsibility for myself, family members, and personal property. Parent or Legal Guardian signature required for children under 18 years of age.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Save and email completed form to: [kensingtontrailriders2019@gmail.com](mailto:kensingtontrailriders2019@gmail.com)